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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02007 (5)
1. Corporation Name
CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, I NC.



Principal Place of Business C/O ETHEL K. PETERS. SECRETARY 637 AUXERRE CIRCLE SEFFNER FL 33584 US	Mailing Address C/O ETHEL K. PETERS. SECRETARY 637 AUXERRE CIRCLE SEFFNER FL 33584 US
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3. Date Incorporated or Qualified
03/16/1984

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 c/o Winchell Smith Sr. Suite, Apt. #, etc. 22 521 DeResine Carre City & State 23 Seffner Fl Zip 24 33584	2a. Mailing Address 26 c/o Winchell Smith Sr Suite, Apt. #, etc. 27 521 DeResine Carre City & State 28 Seffner, Fl. Zip 29 33584
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SMITH, WINCHELL SR.
521 DE RESINE CARRE
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name Winchell Smith Sr
82 Street Address (P.O. Box Number is Not Acceptable) 521 DeResine Carre
83
84 City Seffner
85 Zip Code FL 33584

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Winchell Smith P** (Signature, typed or printed name of registered agent and title if applicable) **Winchell Smith** (NOTE: Registered Agent signature required when reinstating) **2-4-98** DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME YINGST, DORIS	
STREET ADDRESS 608 DE RESINE CARRE	
CITY - ST - ZIP SEFFNER FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME SMITH, WINCHELL SR.	
STREET ADDRESS 521 DE RESINE CACRE	
CITY - ST - ZIP SEFFNER FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME PETERS, ETHEL K	
STREET ADDRESS 637 AUXERRE CIRCLE	
CITY - ST - ZIP SEFFNER FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WALTERS, ROBERT	
STREET ADDRESS 519 DE RESINE CARRE	
CITY - ST - ZIP SEFFNER FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CHURCH, CLARENCE	
STREET ADDRESS 803 CLAIRVAUX RUE	
CITY - ST - ZIP SEFFNER FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME COKE, CECIL	
STREET ADDRESS 102 CHATEAU RUE	
CITY - ST - ZIP SEFFNER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Winchell Smith Sr	
1.3 STREET ADDRESS 521 DeResine Carre	
1.4 CITY - ST - ZIP Seffner Fl. 33584	
2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Ray Allen	
2.3 STREET ADDRESS 516 DeResine Carre	
2.4 CITY - ST - ZIP Seffner Fl. 33584	
3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Don Sewell	
3.3 STREET ADDRESS 625 Auxerre Cr.	
3.4 CITY - ST - ZIP Seffner Fl. 33584	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Doris Yingst	
4.3 STREET ADDRESS 608 DeResine Carre	
4.4 CITY - ST - ZIP Seffner Fl. 33584	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Dick Taaffe	
5.3 STREET ADDRESS 610 DeResine Carre	
5.4 CITY - ST - ZIP Seffner Fl. 33584	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Cecil Coke	
6.3 STREET ADDRESS 102 Chateau Rue	
6.4 CITY - ST - ZIP Seffner Fl. 33584	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Winchell Smith** **Winchell Smith** **2-4-98** **813-654-4702**

CR20037 (10/97)